fall in the number of cases. During the period from 2001 to 2005, the number of cases of dengue reported rose to the highest, *i.e.* 12754 in the year 2003, which declined to 4153 in the year 2004 and in the current year the States have reported 9463 cases of Dengue. The cases of Meningitis are generally seen throughout the year, however in the current year there was an increase in the cases of Meningococal meningitis during April to June.

(b) to (d) No shortage of the Meningitis vaccine has been reported in the country. There is no vaccine available for prevention of Dengue.

Trauma centres

1137. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have come up with trauma project to take care of highway accidents;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) 'Health' being a State subject under the Constitution of India, it is for the State Government to set up trauma centres to take care of highway accidents keeping in view their priorities and availability of resources.However, Ministry of Health and Family Welfare provides financial assistance to a maximum of Rs.1.50 crores for upgradation and strengthening of emergency facilities in the Government Hospitals located on National Highways.

Anaemia in women and children

1138. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that according to the national family health survey-II, 51.8 per cent of women and 75 per cent of children are suffering from iron deficiency anaemia; and

(b) if so, the corrective steps taken by Government keeping in view the seriousness of the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) According to National Family Health Survey (NFHS)-II of 1998, 51.8% of ever married

women (15-49 years) were found to have anemia. 35% had mild anemia; 14.8% moderate anemia and only 1.9% severe anemia. Among the anemic children percentage with anemia are 74.3% in the age group 6 to 35 months. Out of this, 22.9% had mild anemia; 45.9% moderate anemia and 5.4% severe anemia.

The major causes of nutritional anemia are inadequate nutrition with deficient intake of iron and folic acid in diet, inadequate absorption of iron, frequent preganancies, high prevalence of infections and infestations and faulty feeding practices.

Government of India has recently launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care. The interventions under NRHM include RCH - II, Programme wherein Iron and Folic Acid tablets are provided to all anemic women who come for ante-natal check-up. The other important inteventions under NRHM include Janani Suraksha Yojana wherein cash incentives are provided for delivering a child at the health institution. Eight EAG States, J&K and Assam have been provided with a scheme of village link worker (ASHA). ASHA will orient the community on the importance of nutrition and shall be provider for IFA tablets besides orienting the community on the other health related issues.

Iron deficiency is a problem of inadequate nutrition. A national Nutritional Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of Departments of Government of India including, among other, the Integrated Child Development Services Programme of Department of Women and Child Development and the Reproductive and Child Health Programme of the Department of Family Welfare for improving the nutritional status of pregnant women and children.

Apart from health related factors illiteracy, poverty, general economic and social development has a direct bearing on the incidence of anemia among people, particularly among women. To tackle these problems, various departments of the Government are also implementing programmes such as Nutrition education of the community in rural, urban and tribal areas by the Food and Nutrition education of the community in rural, urban and tribal areas by the Food and Nutrition Board of the Department of Women and Child Development with a view to create awareness about the consequences of anemia, promote the locally available foods rich in iron and on folic acid and how to prevent and control anaemia.

The Integrated Child Development Services, (ICDS) scheme of the

Department of WCD provides supplementary food to the pregnant women/ nursing mothers to the extent of 500 calories and 15-20 g protein per day. Nutrition and health education of all women with special emphasis on pregnant and lactating women is also undertaknen by the anganwadi worker.

Various food for work programmes, poverty alleviation programmes, targeted public distribution system contribute to improving food security for the rural population.

Growing diabetes cases

†1139. SHRI SURENDRA LATH:
SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that by the year 2025 India would be on top globally with regard to number of cases of diabetes and there would be 60 million cases in India by that time;

(b) if so, the reasons for such an unprecedented rise in the cases of diabetes; and

(c) whether Government are also aware of the fact that there is an unprecedented rise in the cases of atherosclerosis, cardiovascular disease, cardiac arrests and brain strokes and if so, the steps taken for their prevention?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Diabetic cases are on the rise in the country. According to the revised estimates of WHO India has largest number of people (approximately 32 million) with diabetics and projected 57.2 million in 2025.

(b) The reasons are demography, economics and social factors of which includes urbanization, industrialization are the main determinants. Ageing population low birth weight, unhealthy diets, obesity and sedentary lifestyle, environmental degradation etc. are also the cause of diabetics.

(c) Government has initiated an Integrated Diseases Surveillance Project not only focuses on communicable diseases but also on non-communicable diseases in the country. Protocol for survey has been developed and community based surveys would be conducted in all the states of the country in the phased manner to get the estimates of various

†Original notice of the question was received in Hindi.